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Examiner: Dionne A. Walls Group: 1731
Fax #703-872-9310

FROM: Suzan J. Hixon, Reg. No. 54,171

DATE: September 18, 2003

PAGES: 20 in total (including cover sheet)

RE: U.S. Patent Application No. 09/921,351

Remarks: This facsimile is a response to the office action having a mailing date of June 18, 2003.

Enclosed is:

- (1) Transmittal Form;
- (2) Amendment C.

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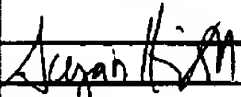
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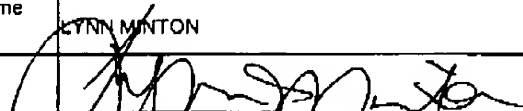
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/921,351
	Filing Date	08/02/2001
	First Named Inventor	EHUNG
	Art Unit	1731
	Examiner Name	WALLS
Total Number of Pages in This Submission	Attorney Docket Number	BATG-6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FACSIMILE TRANSMITTAL FORM
<div style="text-align: center;"> Remarks <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> FAX RECEIVED SEP 23 2003 GROUP 1700 </div> </div>		

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